

<i>SERFF Tracking Number:</i>	<i>AEGA-126050023</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41661</i>
<i>Company Tracking Number:</i>	<i>VA-APP 05/09 (ADV)</i>		
<i>TOI:</i>	<i>A02.11 Individual Annuities- Deferred Non- Variable and Variable</i>	<i>Sub-TOI:</i>	<i>A02.11.002 Flexible Premium</i>
<i>Product Name:</i>	<i>VA-APP 05/09 (ADV)</i>		
<i>Project Name/Number:</i>	<i>Variable Annuity Application/VA-APP 05/09 (ADV)</i>		

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: VA-APP 05/09 (ADV)	SERFF Tr Num: AEGA-126050023	State: Arkansas
TOI: A02.11 Individual Annuities- Deferred Non- Variable and Variable	SERFF Status: Closed-Approved- Closed	State Tr Num: 41661
Sub-TOI: A02.11.002 Flexible Premium	Co Tr Num: VA-APP 05/09 (ADV)	State Status: Approved-Closed
Filing Type: Form	Author: Laurie Bascom	Reviewer(s): Linda Bird
	Date Submitted: 02/25/2009	Disposition Date: 02/26/2009
		Disposition Status: Approved- Closed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name: Variable Annuity Application	Status of Filing in Domicile: Pending
Project Number: VA-APP 05/09 (ADV)	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 02/26/2009	Explanation for Other Group Market Type:
	State Status Changed: 02/26/2009
Deemer Date:	Created By: Laurie Bascom
Submitted By: Laurie Bascom	Corresponding Filing Tracking Number:
Filing Description:	
State of Arkansas	
Department of Insurance	
1200 West Third Street	
Little Rock, AR 72201-1904	

Attn: Policy Examination Division (Life & Annuity)

SERFF Tracking Number: AEGA-126050023 *State:* Arkansas
Filing Company: Transamerica Life Insurance Company *State Tracking Number:* 41661
Company Tracking Number: VA-APP 05/09 (ADV)
TOI: A02.11 Individual Annuities- Deferred Non- *Sub-TOI:* A02.11.002 Flexible Premium
Variable and Variable
Product Name: VA-APP 05/09 (ADV)
Project Name/Number: Variable Annuity Application/VA-APP 05/09 (ADV)

Re: Transamerica Life Insurance Company
NAIC # 468 - 86231
VA-APP 05/09 (ADV) – Variable Annuity Application
SERFF Tracking Number – AEGA-126050023

Dear Sir or Madam:

Please find attached the above referenced application for your review and approval. This is a new form and is not intended to replace any form previously approved by your Department. This form is intended for use with form number AV1114 101 185 104 approved by your Department on 02/05/2004.

The product used with this application will be marketed on a direct response basis. The customer contacts the company and requests a "kit". The kit is then sent to the customer with a complete set of forms, including the appropriate replacement documents. If a replacement is intended, the customer completes the replacement documentation and returns it with the application. Please note there is no agent signature on the application as the client completes the appropriate documentation and submits it to the Company without solicitation.

We have attached a Statement of Variability that outlines the items that are bracketed. Please note that due to the variability of the language on this application the pagination may vary based on what is included in this application.

Please note the paper and font of the attached application may change in the future. You have our assurances the form will contain the same language as approved by your Department. This form will be printed and be made part of any policy issued.

We would appreciate your review and subsequent approval of the attached form.

Sincerely,

Transamerica Life Insurance Company

Laurie Jaeger
Filing Analyst II
FMG Regulatory Filing Unit
Phone: 319/896-6813
Fax: 319/896-6820
Email: ljaeger@aegonusa.com

SERFF Tracking Number: AEGA-126050023 State: Arkansas

Filing Company: Transamerica Life Insurance Company State Tracking Number: 41661

Company Tracking Number: VA-APP 05/09 (ADV)

TOI: A02.II Individual Annuities- Deferred Non- Sub-TOI: A02.II.002 Flexible Premium
Variable and Variable

Product Name: VA-APP 05/09 (ADV)

Project Name/Number: Variable Annuity Application/VA-APP 05/09 (ADV)

P.S. This policy was approved by Iowa, our Home State on _____, or is concurrently submitted.

Company and Contact

Filing Contact Information

Laurie Bascom, Forms Filing Analyst II
4333 Edgewood Road, NE
Cedar Rapids, IA 52499

lbascom@aegonusa.com
319-355-6813 [Phone]
319-355-6820 [FAX]

Filing Company Information

Transamerica Life Insurance Company
4333 Edgewood Road, NE
Cedar Rapids, IA 52499
(319) 355-8511 ext. [Phone]

CoCode: 86231
Group Code: 468
Group Name:
FEIN Number: 39-0989781

State of Domicile: Iowa
Company Type:
State ID Number:

Filing Fees

Fee Required? Yes

Fee Amount: \$20.00

Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$20.00	02/25/2009	25954542

<i>SERFF Tracking Number:</i>	<i>AEGA-126050023</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41661</i>
<i>Company Tracking Number:</i>	<i>VA-APP 05/09 (ADV)</i>		
<i>TOI:</i>	<i>A02.11 Individual Annuities- Deferred Non-</i>	<i>Sub-TOI:</i>	<i>A02.11.002 Flexible Premium</i>
	<i>Variable and Variable</i>		
<i>Product Name:</i>	<i>VA-APP 05/09 (ADV)</i>		
<i>Project Name/Number:</i>	<i>Variable Annuity Application/VA-APP 05/09 (ADV)</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/26/2009	02/26/2009

<i>SERFF Tracking Number:</i>	<i>AEGA-126050023</i>	<i>State:</i>	<i>Arkansas</i>
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	<i>Variable and Variable</i>		
<i>Product Name:</i>	<i>VA-APP 05/09 (ADV)</i>		
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Disposition

Disposition Date: 02/26/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AEGA-126050023</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41661</i>
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	<i>Variable and Variable</i>		
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Application Statement of Variability		Yes
Form	Variable Annuity Application		Yes

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TOI:	A02.11 Individual Annuities- Deferred Non-Variable and Variable	Sub-TOI:	A02.11.002 Flexible Premium
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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	VA-APP 05/09 (ADV)	Application/ Enrollment Form	Variable Annuity Application	Initial		49.400	VA-APP 0509 (ADV) (brackets).pdf



Home Office: Cedar Rapids, IA
Mailing Address: Transamerica Life Insurance Company
4333 Edgewood Road NE, Cedar Rapids, IA 52499
Telephone: (800) 525-6205

For Applicants in AZ - Upon your written request, the Company is required to provide, within a reasonable time, reasonable factual information concerning the benefits and provisions of the contract to you. If for any reason you are not satisfied with the contract, you may return it within thirty days after it is delivered and receive a refund equal to the premiums paid, including any policy or contract fees or other charges, less the amounts allocated to any separate accounts under the policy or contract, plus the value of any amounts allocated to any separate accounts under the policy or contract on the date the returned policy is received by the insurer.

1. PRODUCT INFORMATION

Product: Advisor Elite

☐ Non-Qualified

Qualified:

☐ Custodial IRA ☐ Inherited IRA ☐ Roth IRA ☐ SEP IRA

☐ Simple IRA ☐ Traditional IRA ☐ Other: _____

Signed at: _____
State

2. OWNER INFORMATION

Type of Owner: ☐ Custodian ☐ Guardianship ☐ Individual ☐ Trust⁽¹⁾ ☐ UGMA / UTMA
☐ Corporate
☐ Individual

Complete Legal Name: _____

Residential Address: * _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____

SSN/TIN: _____ Date of Birth: _____

Telephone: _____ E-mail Address: _____

Gender: ☐ Male ☐ Female Citizenship: ☐ U.S. Citizen ☐ Non-U.S. Citizen (Country of Citizenship: _____)
Please Choose: ☐ Resident Alien ☐ Non-Resident Alien

3. JOINT OWNER INFORMATION (if applicable)

Relationship to Owner: _____

Complete Legal Name: _____

Residential Address: * _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____

SSN/TIN: _____ Date of Birth: _____

Telephone: _____ E-mail Address: _____

Gender: ☐ Male ☐ Female Citizenship: ☐ U.S. Citizen ☐ Non-U.S. Citizen (Country of Citizenship: _____)
Please Choose: ☐ Resident Alien ☐ Non-Resident Alien

⁽¹⁾ The Trustee Certification Form is required if a Trust is named as Owner.

* A Residential Address must be completed and cannot be a P.O. Box.

4. ANNUITANT INFORMATION

Complete Legal Name: _____

Mailing Address: _____ City, State, Zip: _____

Telephone: _____ E-mail Address: _____

Gender: ☐ Male Citizenship: ☐ U.S. Citizen ☐ Non-U.S.Citizen (Country of Citizenship: _____)
☐ Female Please Choose: ☐ Resident Alien ☐ Non-Resident Alien

*** A Residential Address must be completed and cannot be a P.O. Box.**

5. BENEFICIARY DESIGNATION (If there are more than 3 beneficiaries, attach an Additional Beneficiary Form.)

Beneficiary designation(s) must total 100 %.

☐ Primary ☐ ContingentAllocation Percentage: _____% Gender: ☐ Male ☐ Female ☐ N/A - Entity or Trust ⁽¹⁾

Complete Legal Name: _____ ☐ Spousal Beneficiary

Relationship to Annuitant: _____

Mailing Address: _____ City, State, Zip: _____

SSN/TIN: _____ Date of Birth: _____

Is this a Restricted Beneficiary? ☐ Yes ⁽²⁾ ☐ No

☐ Primary ☐ ContingentAllocation Percentage: _____% Gender: ☐ Male ☐ Female ☐ N/A - Entity or Trust ⁽¹⁾

Complete Legal Name: _____ ☐ Spousal Beneficiary

Relationship to Annuitant: _____

Mailing Address: _____ City, State, Zip: _____

SSN/TIN: _____ Date of Birth: _____

Is this a Restricted Beneficiary? ☐ Yes ⁽²⁾ ☐ No

☐ Primary ☐ ContingentAllocation Percentage: _____% Gender: ☐ Male ☐ Female ☐ N/A - Entity or Trust ⁽¹⁾

Complete Legal Name: _____

Relationship to Annuitant: _____

Mailing Address: _____ City, State, Zip: _____

SSN/TIN: _____ Date of Birth: _____

Is this a Restricted Beneficiary? ☐ Yes ⁽²⁾ ☐ No

⁽¹⁾ Please submit the Trustee Certification Form if a Trust is named as Beneficiary.

⁽²⁾ **The Beneficiary Designation with Restricted Payout Form is required.**

6. SOURCE OF FUNDS

Purchase Amount \$ _____

☐ Check/Wire Enclosed ☐ Carrier to request release of funds ☐ Agent/Client to request release of funds

Complete only ONE section, 6A or 6B; whichever is applicable.

A. NON-QUALIFIED

- ☐ New Money
- ☐ 1035 Exchange - The IRC Section 1035 Exchange Form is required.
- ☐ CD/Mutual Fund Redemption - The Mutual Fund or CD Redemption Form is required.

B. QUALIFIED

- ☐ New Contribution - Tax Year: _____
- ☐ Direct Transfer - The Qualified Funds Direct Rollover or Transfer Request Form is required.
- ☐ Rollover - The Qualified Funds Direct Rollover or Transfer Request Form is required.
 - From: ☐ 401(k) ☐ Inherited IRA ☐ Traditional IRA
 - ☐ 403(b) ☐ SEP IRA ☐ Roth IRA: Date first established _____
 - ☐ Custodial IRA ☐ Simple IRA ☐ Converted Roth: Date of conversion _____
 - ☐ Other: _____

7. ELECTIONS

Elections below may not be available in all states or with all products. Issue ages may differ between states and products. For the description and applicable fees for the rider(s) listed below, refer to the prospectus.

A. GUARANTEED MINIMUM DEATH BENEFITS - Your selection cannot be changed after the policy has been issued. If no option is selected, the Policy Value Death Benefit will apply. (For MD applicants, the Return of Premium Death Benefit will apply.) One, and only one, option must be selected.

- ☐ Policy Value Death Benefit
- ☐ Return of Premium Death Benefit
- ☐ Annual Step-Up Death Benefit
- ☐ Double Enhanced Death Benefit - If selected, the Living/Withdrawal Benefit Rider(s) in Section 7C are not available.

B. ADDITIONAL DEATH BENEFIT RIDER(S) - Only one Additional Death Benefit can be selected.

- ☐ Additional Death Distribution +
- ☐ Additional Death Distribution

C. LIVING/WITHDRAWAL BENEFIT RIDER(S) - If a rider is not selected, it will not apply. Only one Living/Withdrawal Benefit can be selected.

- ☐ Retirement Income Choice (RIC) Rider - Either the Single or the Joint option must be selected.
 - ☐ Single
 - ☐ Joint - Joint Owner in Section 3 or Sole Beneficiary in Section 5 must be a spouse or a domestic partner.
- RIC Rider Options - More than one option may be selected.
 - ☐ Income Enhancement
 - ☐ Death Benefit
- RIC Investment Strategy Options - One, and only one, option must be selected.
 - ☐ Open Allocation - Choose from any of the Investment Options on Pages 4 and 5.
 - ☐ Designated Allocation - Choose from only the Investment Options on Page 4.
- ☐ Guaranteed Principal Solution Rider (GPS)

D. OTHER AVAILABLE RIDER(S)

There are no additional riders available at this time.

8. INVESTMENT SELECTION

A. DOLLAR COST AVERAGING (DCA) PROGRAM

Transfer from:

☐ DCA Fixed Account ☐ TA Money Market VP ☐ TA U.S. Government Securities VP

Frequency and Number of Transfers:

There is a minimum of \$500 for each DCA Transfer.

Monthly: ☐ 6 ☐ 8 ☐ 12 ☐ 24 ☐ Other: _____ (minimum 6 months/maximum 24 months)
Quarterly: ☐ 4 ☐ 8

For Massachusetts applicants ONLY - The DCA frequency cannot exceed twelve (12) months or four (4) quarters.

For Washington applicants ONLY - If the TA Money Market VP or the TA U.S. Government Securities VP is selected, the DCA frequency cannot exceed twelve (12) months or four (4) quarters. If the DCA Fixed Account is selected, six (6) monthly transfers must be chosen. If the RIC Rider in Section 7C is selected, the DCA Fixed Account is not available.

B. ASSET REBALANCING PROGRAM - Rebalancing will not begin until completion of DCA Program, if applicable. Money invested in the Fixed Account is not included. More than one investment option must be allocated to participate in this program. If you would like to rebalance to a mix other than indicated in Section 8C, please complete the Optional Services Form.

I elect Asset Rebalancing: ☐ No ☐ Yes

Rebalance the variable investment options according to my allocations in Section 8C using the frequency indicated below.

☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

C. PORTFOLIO FUND ALLOCATIONS

For all options listed in Section 8C, the Initial Allocation Percentage column and DCA Allocation Percentage column must each total 100%. All allocations must be entered in whole percentages.

Additional investment options are continued on the next page.

Investment Options:

Initial % (Required)	DCA % (Optional)		Initial % (Required)	DCA % (Optional)	
____.0%	N/A .0%	Initial Investment for DCA Program			
____.0%	N/A .0%	1 Year Fixed Guaranteed Period Option ⁽¹⁾⁽²⁾	____.0%	____.0%	TA BlackRock Dynamic Allocation VP ⁽²⁾⁽³⁾
____.0%	N/A .0%	3 Year Fixed Guaranteed Period Option ⁽¹⁾⁽²⁾	____.0%	____.0%	TA BlackRock Global Allocation VP ⁽²⁾⁽³⁾
____.0%	N/A .0%	5 Year Fixed Guaranteed Period Option ⁽¹⁾⁽²⁾	____.0%	____.0%	TA Efficient Markets VP ⁽²⁾
____.0%	____.0%	AllianceBernstein Balanced Wealth Strategy Portfolio ⁽²⁾	____.0%	____.0%	TA Index 50 VP ⁽²⁾
____.0%	____.0%	Fidelity - VIP Balanced Portfolio ⁽²⁾	____.0%	____.0%	TA Index 75 VP ⁽²⁾
____.0%	____.0%	Franklin Templeton VIP Founding Funds Allocation Fund ⁽²⁾	____.0%	____.0%	TA International Moderate Growth VP ⁽²⁾
____.0%	____.0%	TA Asset Allocation - Conservative VP ⁽²⁾	____.0%	____.0%	TA Money Market VP ⁽²⁾
____.0%	____.0%	TA Asset Allocation - Moderate VP ⁽²⁾	____.0%	____.0%	TA PIMCO Total Return VP ⁽²⁾
____.0%	____.0%	TA Asset Allocation - Moderate Growth VP ⁽²⁾	____.0%	____.0%	TA U.S. Government Securities VP ⁽²⁾
____.0%	____.0%	TA Balanced VP ⁽²⁾	____.0%	____.0%	TA Value Balanced VP ⁽²⁾

⁽¹⁾ Guaranteed Period Options may not be available in all states or with all products.

⁽²⁾ If the Double Enhanced Death Benefit in Section 7A or the Designated Allocation Investment Strategy Option for the RIC Rider in Section 7C is selected, allocations are only allowed among these options.

⁽³⁾ Not available with the Double Enhanced Death Benefit.

8. INVESTMENT SELECTION - PORTFOLIO FUND ALLOCATIONS (continued)

For all options listed in Section 8C, the Initial Allocation Percentage column and DCA Allocation Percentage column must each total 100 %.

Investment Options:

Initial % (Required)	DCA % (Optional)		Initial % (Required)	DCA % (Optional)	
____.0%	____.0%	Equity Index Portfolio	____.0%	____.0%	TAJPMorgan Enhanced Index VP
____.0%	____.0%	Fidelity - VIP Contrafund ® Portfolio	____.0%	____.0%	TAMFS High Yield VP
____.0%	____.0%	Fidelity - VIP Equity-Income Portfolio	____.0%	____.0%	TAMarsico Growth VP
____.0%	____.0%	Fidelity - VIP Growth Portfolio	____.0%	____.0%	TASmall/Mid Cap Value VP
____.0%	____.0%	Fidelity - VIP Mid Cap Portfolio	____.0%	____.0%	TAT. Rowe Price Equity Income VP
____.0%	____.0%	Fidelity - VIP Value Strategies Portfolio	____.0%	____.0%	TAT. Rowe Price Growth Stock VP
____.0%	____.0%	Gartmore NVIT Developing Markets Fund	____.0%	____.0%	TAT. Rowe Price Small Cap VP
____.0%	____.0%	International Portfolio	____.0%	____.0%	TA Templeton Global VP
____.0%	____.0%	Mid-Cap Index Portfolio	____.0%	____.0%	TA Third Avenue Value VP
____.0%	____.0%	REIT Index Portfolio	____.0%	____.0%	TA Van Kampen Active International Allocation VP
____.0%	____.0%	Short-Term Investment-Grade Portfolio	____.0%	____.0%	TA Van Kampen Large Cap Core VP
____.0%	____.0%	TA Asset Allocation - Growth VP	____.0%	____.0%	TA Van Kampen Mid-Cap Growth VP
____.0%	____.0%	TA Capital Guardian Value VP	____.0%	____.0%	Total Bond Market Index Portfolio
____.0%	____.0%	TA Clarion Global Real Estate Securities VP	____.0%	____.0%	Wanger International
____.0%	____.0%	TA Convertible Securities VP	____.0%	____.0%	Wanger USA
____.0%	____.0%	TA Equity VP	____.0%	____.0%	Other _____
____.0%	____.0%	TA Growth Opportunities VP	____.0%	____.0%	Other _____
			100 %	100 %	

9. OWNER ACKNOWLEDGEMENTS & SIGNATURES

A. REPLACEMENT INFORMATION - All questions in this section must be answered.

☐ No ☐ Yes Do you have any existing annuity policies/life insurance contracts?

☐ No ☐ Yes Will this annuity replace or change any existing annuity or life insurance?

If yes - Company: _____ Policy #: _____

B. FRAUD STATEMENTS

For Applicants in AR, LA, ME, NM, OH, OK, TN, WV - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Applicants in CO - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

For Applicants in DC - WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For Applicants in KY - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

For Applicants in MD - Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Applicants in NJ - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For Applicants in PA - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Applicants in VA - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

For Applicants in WA - It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Under the Washington Uniform Transfers to Minors Act, extending custodianship to age twenty-five may cause you to lose your annual exclusion from Federal Gift Tax. We recommend you seek the advice of your tax counsel prior to making this election.

9. OWNER ACKNOWLEDGEMENTS & SIGNATURES (continued)

C. CALIFORNIA APPLICANTS ONLY

Under California law, there is a 30 Day Right to Review your contract. The amount that will be returned to you if you cancel your contract during this 30 day period will depend on the election below which designates where your payments will be allocated during the Right to Review period. Please check one of the following boxes. **If you do not check one of these boxes, we will allocate your payment to the Money Market portfolio for a period of 35 calendar days.**

- ☐ I/We wish to immediately invest in the variable investment options selected in Section 8. If my/our contract is canceled within 30 days, the contract value will be returned to me/us.
- ☐ I/We authorize the company to allocate the payment to the Money Market portfolio for a period of 35 calendar days. On the 35th day (or next business day) transfer the contract value to the investment options selected in Section 8. If I/we cancel the contract within 30 days, any payments will be returned.

D. CONNECTICUT APPLICANTS ONLY

An illustration has been provided showing the minimum interest rate percentage applicable to the Fixed Account and I have reviewed it.

The fixed account of this policy guarantees a minimum interest percentage of 1.50. This rate may be lower than the required interest rate for calculating minimum surrender values. Read your contract carefully.

E. NORTH CAROLINA APPLICANTS ONLY

- ☐ No ☐ Yes Do you believe the selected policy will meet your retirement needs and financial objectives?
- ☐ No ☐ Yes Are your other investments and savings adequate to meet planned expenses and possible financial emergencies without need to liquidate this product and possibly incur a penalty?
- ☐ No ☐ Yes Do you believe that the selected policy is appropriate for your tax status and meets your tax objectives?
- ☐ No ☐ Yes Do you understand that you bear the entire investment risk for all amounts you put in the separate account?

F. DISCLOSURES

- Unless I have notified the Company of a community or marital property interest in this contract, the Company will rely on good faith belief that no such interest exists and will assume no responsibility for inquiry.
- To the best of my knowledge and belief, all of my statements and answers on this application are correct and true.
- I am in receipt of a current prospectus for this variable annuity.
- I am in receipt of the privacy notice.
- This application is subject to acceptance by Transamerica Life Insurance Company. If this application is rejected for any reason, Transamerica Life Insurance Company will be liable only for return of purchase payment paid.
- I understand that federal law requires all financial institutions to obtain customer information, including the name, residential address, date of birth, Social Security Number or Tax Identification Number and any other information necessary to sufficiently identify each customer. I understand that failure to provide this information could result in the annuity contract not being issued, delayed or unprocessed transactions, or annuity contract termination.
- When funds are allocated to the Fixed Accounts in Section 8, policy values may increase or decrease in accordance with an Excess Interest Adjustment prior to the end of the Guaranteed Period.

9. OWNER ACKNOWLEDGEMENTS & SIGNATURES (continued)

G. TELEPHONE/ELECTRONIC AUTHORIZATIONS

☐ Yes **TELEPHONE/ELECTRONIC TRANSACTION AUTHORIZATION**

As the owner, I will receive this privilege automatically. If a contract has joint owners, each owner may individually make telephone and/or electronic requests. By checking, "Yes," I am authorizing and directing Transamerica Life Insurance Company to act on telephone or electronic instructions from any other person(s) who can furnish proper identification. Transamerica Life Insurance Company will use reasonable procedures to confirm that these instructions are authorized and genuine. As long as these procedures are followed, Transamerica Life Insurance Company and its affiliates and their directors, trustees, officers, employees, representatives and/or agents will be held harmless for any claim, liability, loss or cost.

H. CLIENT SIGNATURES

☐ Check here if you want to be sent a copy of "Statement of Additional Information."

I HAVE REVIEWED MY FINANCIAL OBJECTIVES AND INSURANCE NEEDS, INCLUDING ANY EXISTING ANNUITY COVERAGE, AND FIND THE ANNUITY BEING APPLIED FOR IS APPROPRIATE FOR MY NEEDS.

Account values when allocated to any of the options in Section 8 are not guaranteed as to fixed dollar amount.

Date: _____

☒ Owner(s) Signature: X_____

☒ Joint Owner(s) Signature: X_____

☒ Annuitant Signature (if not Owner): X_____

SERFF Tracking Number: AEGA-126050023 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 41661
Company Tracking Number: VA-APP 05/09 (ADV)
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
Variable and Variable
Product Name: VA-APP 05/09 (ADV)
Project Name/Number: Variable Annuity Application/VA-APP 05/09 (ADV)

Supporting Document Schedules

Item Status: Status
Date:

Satisfied - Item: Flesch Certification

Comments:

Attachments:

AR VA-APP 0509 (ADV) cert2.pdf

AR VA-APP 0509 (ADV) cert3.pdf

Item Status: Status
Date:

Bypassed - Item: Application

Bypass Reason: Application being submitted for review is attached under Form Schedule tab

Comments:

Item Status: Status
Date:

Satisfied - Item: Application Statement of Variability

Comments:

Attachment:

VA-APP 0509 (ADV) SOV.pdf

TRANSAMERICA LIFE INSURANCE COMPANY

STATE OF ARKANSAS

CERTIFICATION

This is to certify that the attached Variable Annuity Application Form No. VA-APP 05/09 (ADV) has achieved a Flesch Reading Ease Score of 49.4 and complies with the requirements of Ark. Stat. Ann. § 23-80-21 through 23-80-208, cited as the Life and Disability Insurance Policy Language Simplification Act.

TRANSAMERICA LIFE INSURANCE COMPANY

A handwritten signature in cursive script that reads "Mary Schaefer".

Mary Schaefer, Assistant Vice President

02/24/2009

Date

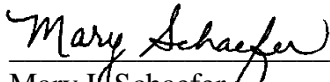
CERTIFICATION OF COMPLIANCE

Company Name: Transamerica Life Insurance Company

Form Title(s): Variable Annuity Application

Form Number(s): VA-APP 05/09 (ADV)

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg.19 s 10B, as well as the other laws and regulations of the State of Arkansas.



Mary L. Schaefer
Assistant Vice President

02/24/2009

Date

Annuity Application Statement of Variability

VA-APP 05/09 (ADV)

We have bracketed or determined that the following information will be variable. Any changes will be for future use only, and on a non-discriminatory basis. These changes include any changes to ensure this form remains compliant with state and federal laws, regulations and requirements as well as the items specifically detailed below. We have bracketed the sections for the following reasons:

Address/Telephone: To allow for administrative flexibility. Should the location, telephone number or other annuity contact information change, this information will be updated accordingly.

Section 7. ELECTIONS

Guaranteed Minimum Death Benefits: The ability to offer different Guaranteed Death Benefits. The current options may be removed and added, but newly approved options will never be added.

Additional Death Benefit Rider(s): The ability to change and/or make available different types of additional death benefit riders. The current options may be removed and added, but newly approved options will never be added.

Living/Withdrawal Benefit Rider(s): The ability to change and/or make available different types of living/withdrawal benefit riders. The current options may be removed and added, but newly approved options will never be added.

Section 8. INVESTMENT SELECTION

Portfolio Fund Allocations: To allow for flexibility to make changes to the Subaccounts.